

## Application Form to Vote by PROXY

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Birkenhead Town Hall, Mortimer Street, Birkenhead, CH41 5EU. If you need help filling in this form, please phone 0151 691 8046.

### Address where you are registered to vote

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

### About you

First name(s) (in full)

\_\_\_\_\_

Surname

\_\_\_\_\_

Title (Mr, Mrs, Ms, Miss, Dr, Other)

\_\_\_\_\_

### Your Date of Birth

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Day

Month

Year

### Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

**Signature:**    **Keep within the border and use BLACK INK**

I cannot supply a signature because \*unable to read or write / \*disability which is

**Date:** \_\_\_\_\_

### Who do you want to vote on your behalf?

Name (in full)

\_\_\_\_\_  
Address

Relationship to you (if any)

### Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary elections

For election(s) on

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Day

Month

Year

### Reason for this application

### Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Have you had help completing this form?

Name and Address of helper

\_\_\_\_\_  
\_\_\_\_\_

### Postal Proxy

If you think your proxy would be unable to vote in person at your polling station and would like to apply for a postal proxy vote – Please Tick